TO FULL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal and wany event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

U1303 CERTIFICAT	E UF DEATH
PLACE DF DEATH a. COUNTY;	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. STATE b. COUNTY
WORCESTER MARYLAND	MARYLAND WORCESTER
b. CITY DR TDWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TDWN (If outside corporate limits, write RURAL end give nearest town)
write RIIRAL and give nearest town)	BERDINKCITY 23-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE DN A FARM?
BERLIN NURSING HOME	B.FDI YES NO.
3. NAME OF First Middle	Lest 4. DATE Month Day Year
(Type or print) HARRY ALBERT B	RAPFORD DEATH JAN 17 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
M WIDOWED DIVORCED	HUG-, 16, 1882 83 yrs.
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
WATERMAN SELF. BMP.	NEWARK ND USIA-
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN WILLIAM DRAPFORD	MARY MARTHA LANK.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
No 1 No 182-03-767914	SEDNA L. STAYTON LOGAN CITY 10
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),]	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Myocardelle
DUE TO DIE TO	101
Conditions, If any, which gave rise to immediate (b)	regreeous
cause (a), stating the DUE TO	to
Underlying cause last. (c)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT REL 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUPANT OF THE PROPERTY OF TH	PERFORMED? YES NO ST
2Da. ACCIDENT WAS UNDERLYING TO 1 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
2Da. ACCIDENT WAS UNDERLYING COUNTY OCCURRENCE OF AUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF AUSE OF DEATH OF AUSE OF DEATH OR CONTRIBUTING COUNTY MEDICAL EXAMINER)	DIRED. (Little lightly of lightly in Fact of Fact)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County). (State)
Hour a.m. While Not While	ory, street, office bldg., etc.)
	19 that (I)-(we) last
21. I certify that (I) (this hospital) attended the deceased from	t death occurred a AM, from the causes and on the date stated above.
saw the deceased alive on	22b. DATE SIGNED
Delland & Secold	D. PHYS. DIRECTOR PHYS.
22C. PHYSICIAN'S	22d. ADDRESS
NAME (Type) CHIFFORD L. OCHOLLA	U BERLIN, MO.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	
BUR AL 1/19 66 EVERGE	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
The Tour house Tunes - Home 120	Elen Myndre M 9 7 1056 Personelay Judge

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MARYLAND STATE DEPARTMENT OF HEALTH RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND Division of STATISTICAL RESEARCH AND FOR STATE MEDICAL **EXAMINER'S** CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY 0 6 MARYLAND any delay is necessary, 2, and 3 to the funeral PM3. Page 5 may be Department after death. b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) State hours YES X NO T Month 3. NAME OF First Middle DATE Day Last 4. the 72 DECEASED 1966 DEATH (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH death. If Pages 1, 6. COLOR OR RACE SEX NEVER MARRIED 8. 7. MARRIED orm last birthday) Months Davs Hours TY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages r. Page 4 should be forwarded to the Chief Medical Examiner's Office along with for d for your files. event w WIDOWED DIVORCED 10b. KINO OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? pages 1 in any raver FATHER'S NAME File gand 16. SOCIAL SECURITY NO. INFORMAN Address 15. WAS OECEASED EVER IN U.S ARMED FORCES? 17. (If yes pive yar or dates of service) (Yes, no, or unkown) adnor permit. I d ton INTERVAL BETWEEN CAUSE OF DEATH [Enter only for (a), (b), one cause per line and (c). ONSET AND DEATH I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) rise to immediate DUE TO (a), stating the O underlying cause last, used as to burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X YES [should be gent, prior 20a. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 3 shou MEDICAL 20d. INJURY OCCURREO 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While at work at work FUNERAL DIRECTOR: Page I Health or its designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Undetermined manner Suicide HomicIde death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER M.D. SIGNATURE CTINOPEPUTY MEDICAL EXAMINER please ex director. retained f **EXAMINER'S** Address (Street, city. NAME (Type) CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. 23b 23c. 23a. of o REMOVAL (Specify) 0 uri 25b. 25a. FUNERAL DIRECTOR 24. VR A15ME 3500 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) PLACE OF DEATH 1. a. COUNTY b. COUNTY a. STATE ces MARYLAND Department after death. any delay is necessary, 2, and 3 to the funeral PM3. Page 5 may be c. CITY_OR TOWN (If outside corporete limits; write RURAL and give neerest town) b. CITY OR TOWN (If outside corporete limits. c. LENGTH OF STAY IN 1b write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street address) State YES NO Da DATE Month Day Year. NAME OF Middle 4. 3. First Last DECEASED the 72 DEATH 19 (Type or print) with IF UNDER 24 HRS. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR SEX 6. COLUR OR RACE death. If e Pages 1, 7. MARRIED NEVER MARRIED last birthday) | Months Hours Days NE WIDOWED DIVORCED and 12. CITIZEN OF WHA BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME any MOTHER'S MAIDEN NAME O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours a please execute the certificate, writing the word "pending" in pencil in Item 18, director. Page 4 should be forwarded to the Chief Medical Examiner's Office and page = File 174 ANFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) permit. I Drean Lity 14 INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one cause per lipe for (a), (b), and (c),] ONSET AND DEATH RABS PART I. DEATH WAS CAUSED BY: burial-transit | IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO stating (a). the certificate, writing the word should be forwarded to the Chief O underlying cause last. ed as burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED. NO YES us to DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) be 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | PIE CAUSE OF DEATH. 3 should agent, p 20f. (City or town) (County) (State) MEDICAL 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While While at work at work CTOR: Page designated and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry DIRECTOR: Undetermined manner Homicide Suicide death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER execute the Your its 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE please execudirector. Pag Health or DEPUTY MEDICAL EXAMINER FUNERAL **EXAMINER'S** or county) NAME (Type) (State) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. REMOVAL (Specify) of 0 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25a. FUNERAL DIRECTOR

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	MARYLAND S	IAIE DEP	ARIM	ENI UF	HEALIH			
DIVISION OF STATISTICAL	RESEARCH AND	RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE	1, MAR	YLAND
01573	CERT	TIFICATE	OF	DEATH			1)11	110

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		PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Res	idence before admission)
		Worcester MARYLAND	/ Id. Wol	rcester
		b. CITY DR TOWN (if outside corporate limits, c. LENGTH DF STAY IN 1) write RURAL and give nearest town)	c. CITY DR TDWN (if outside corporate limits, write RURAL a	nd give nearest town)
		Kural - Doow Hill	enow Hill	e. IS RESIDENCE
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addres	d. STREET ADDRESS	ON A FARM?
	2	NAME DF First Middle	iast A DATE Month	Day Year
		NAME DF DECEASED (Type or print) (TYPE OF	Last 4. DATE Month OF DEATH	0. 1966
		SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1	YEAR IF UNDER 24 HRS.
	1	Male Negro WIDOWED DIVORCED	Tan. 15, 1900 (35 yrs. Months D	ays Hours Min.
	10a.	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CIT	IZEN OF WHAT
	duii	Laborer Saw Mill	Md.	U.S.A.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		James Lale	Hattie Hudson	
d		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, s, no, or inkown) (If yes give war or dates of service)	7. INFORMANT Address	11 MJ
		NO - X/2-/6-/8931_	Lag Mae Lake Snow H	INTERVAL BETWEEN
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	LONDON FALLOW	ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIO RESPI	1KH 18139 1-101010E	2 wks
		Conditions, If any, which) DUE TO RECIWOWA RT	TLUNG WITH COMPLETE	
		gave rise to immediate		11/11/06
		cause (a), stating the underlying cause last.	is RT LOWER LORLE	4915
	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
5	FICA	151301111100 111967012142 C	OF SPINAL CORD	YES NO NO
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
	MEDICAL	. 69	PLACE OF INJURY (Home, farm, 20f. (City or town) (Counctory, street, office bidg., etc.)	ty) (State)
7	MED	Hour a.m. While Not While p.m. 19 at work at work	otoly, ottool onloodings, otoly	
9		21. I certify that (I) (this hospital) attended the deceased from_		2, that (I) (we) last
			hat death occurred at M, from the causes and on the	e date stated above.
		22a. SKINATURE	ATTENDING - MED STAFF - / C	13-106
1	16	22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS.	10
	-	WAME (Type) ROBERTELA MAR	104 gay) would 12	, rue
	23a.	REMOVAL (Specify)	ERY OR CREMATORY 23d. LOCATION (City, town or coun	(State)
	24	Surial Jan, 13, 1960 Friendshi	1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE .
1		Dansey & santonio	1. 11/ 1. 1. 1 1000 Plinela	^
1	×	- word for the feel of	nurch Val Date N 14 19561 general	10

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Their please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
() 1520

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence b	efore admission)
Worcester MARYLAND	a. STATE Maryland b. COUNTY Worce	ster
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
Pocomoke City 50 years	Pocomoke City	23-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e.	IS RESIDENCE ON A FARM?
202 Walnut Street	202 Walnut Street YE	s No X
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day	Year
(Type or print) FRANKLIN GOLDSBORO	DENNIS DEATH January 11	19 66
5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED 8	8. OATE OF BIRTH 9. AGE (In years IF UNOER 1 YEAR IF	UNDER 24 HRS.
Male White WIDOWED DIVORCED	Oct. 17,1892 73 yrs.	Hours With.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	Worcester County, 12. CITIZEN OF COUNTRY?	WHAT
Accounting Clerk Civil Service	Maryland U.S.	A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John G. Dennis	Ellen Belle Mitchell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
yes WW 1 (If yes give war or dates of service) 218-05-0590 Mr	s Myrna Dennis, Pocomoke City	y, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERV	AL BETWEEN
PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Edema, pulmonar	y 5 ds	AND OEATH
4221 DUE TO		
	eart Disease, arterio- Yes	ars.
gave rise to immediate cause (a), stating the DUE TO	sclerotic	
underlying cause last.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	VAS AUTOPSY
\begin{aligned} \begin{aligned} \text{Hemiplegia. left. Cerebral arter} \end{arter}	riosclerosis	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONTRIBUTING TO THE PART III. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO THE PART III. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIB	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC Hour a.m. While at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (County) y, street, office bidg., etc.)	(State)
Hour a.m. p.m. 19 While Not While factor	3, 34 661, 0 1106 Blug., 6101)	
21. I certify that (I) (this hospital) attended the deceased from 0	ct. 26. 1965 to Jan. 11. 1966 that	(I) (we) last
saw the deceased alive on Tan 11 1966, and that		
22a. SIGNATURE	22b. OATE SIGN	
Mariego Frader, MTM.D.	ATTENDING MED. STAFF Jan 12	,1966
22c. PHYSICIANS NAME (Type) Charles W. Trader, M.D.,	22d. ADDRESS	y,Md.
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY		(State)
Buria 1 1-13-1966 Bethany Me		
24. FUMERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAT	URE
Hobert H. Walson Pocomoke City	Mandan 17 1966 Jelianles Jus	ye
The state of the s	7 IIII PAIL	a

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Page 4 may be retained by the hospital or attending pnysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending prysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place remove carbon papers. Pages 1 and 2 adjrector, page 3 should be detached for use as the burial-transit permit. Then place remove carbon papers. Should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1575 CERTIFICATE OF DEATH

- 10-	-	0200	The state of the s
1	1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. SJATE b. COUNTY
-	-	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN () outside corporate limits, write RURAL and give nearest town)
1		write RURAL and give nearest town)	BED 23-1
1		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS (e. IS RESIDENCE ON A FARM?
		The state of the s	YES NO
	3.	NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
1		(Type or print) SALLIE ANN	DENNIS DEATH 23 1966
-	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
		WIDOWED DIVORCED	JULY 3, 1874 91 yrs.
		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1 INDUSTRY 1 INDUSTRY 1	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	duri	Ing most of working life, even if retired) INDUSTRY OME	BEOLIN MD USA
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		NERITT PAWEL	LEAH TIMMONS
			INFORMANT Address DE
	(Ye	s, no, or unkown) (If yes give war or dates of service)	ES. HOWARD QUIZZEN SELBY VILLE
	1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	ant sulve one day
1		IMMEDIATE CAUSE (a)	and the same of
		Conditions, If any, which	In Heart Ciseuse.
		gave rise to immediate	
		underlying several lead	
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	CAT		YES NO
3	TFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)
	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	SAL		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	MEDICAL	while Not while	ry, street, office bldg., etc.)
	Z	21. I certify that (i) (this hospital) attended the deceased from	196/ to 23, 19/6, that (1) (we) last
		saw the deceased alive on 23 1966, and that	death occurred at 2 PM, from the causes and on the date stated above.
		22a-STGTVATURE /) // //	22b. DATE SIGNED
,		March Harry M.E	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
	A	22c. PHYSICIAN'S	22d. ADDRESS
		NAME (Type)	
	238	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	1	3 VRIAL 126 66 RIVERSI	OF BERLIN MD.
-	24	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
5		Home H. Burbage Bulen	Md. DATEAN 28 1955 Jellanley Judge
			V /

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) e. COUNTY b. COUNTY a. STATE MARYLAND l 3 to the funeral Page 5 may be Department after death. b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL end give pearest town) 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS State hours 2, and PM3. 3. NAME OF First Middle Last DATE Month 4. the DECEASED (Type or print) DEATH within =-SEX 6. COLOR OR RACE 7. MARRIED 5. 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS EXAMINER: This certificate should be executed within 24 hours after death. If certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, nould be forwarded to the Chief Medical Examiner's Office along with form NEVER MARRIED last birthday) Months MIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY pages I d while FATHER'S NAM File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) permit. removal, 098-05 CAUSE OF DEATH [Enter only one cause per line (for (a), (b), and (c).] burial-transit p PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating 40 underlying cause last, sed as burial, (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION us ld be 20a. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Pert I or Part II of Item 18.) 3 should agent, p MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) the certificate, 4 should be forv factory, street, office bldg., etc.) Hour a.m. While Not While JIRECTOR: Page its designated p.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection inquiry files. DIRECTOR: death resulted from: Natural causes Suicide Homicide Undetermined manner Accident your CHIEF MEDICAL EXAMINER execute Page 4 ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL DI for DEPUTY MEDICAL LEXAMINER **EXAMINER'S** director. retained NAME (Type) Address (Streety city, town, 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c.-NAME OF CEMETERY OR OREMATORY REMOVAL (Specify) 40 0 EEN ZUEI 66 FUNERAL DIRECTOR ADDRES: 25a. REC'D BY REGISTRAR 25b REGISTBAR'S SIGNATURE 1966

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

NO

(State)

and in my opinion

22. DATE SIGNED

(State)

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YES

Day

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COUNTRY2

12. CITIZEN OF WHAT

19.

(County)

NO

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01577 CERTIFICATE OF DEATH

0.20	O — 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If institut a, STATE b. COUNTY	ion: Residence before admission)
Worcester	MARYLAND	Virginia	Accomaz V
	C. LENGTH DF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write R	URAL and give nearest town)
write RURAL and give nearest town) Stockton	3 Weeks	Chincoteague 83	_ 3
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Holland Care Home			YES NO V
3. NAME OF First DECEASED (Type or print) Kathryn I	Middle	TUKES 4. DATE OF DEATH 1-2	8-CC 19
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED		NDER 1 YEAR IF UNDER 24 HRS. ths Days Hours Min.
Female Wihite WIDOWED	DIVORCED	Sept. 12, 1884 77 yrs.	
10a. USUAL OCCUPATION (Give kind of work done 10b. KIN	D OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) Housewife Own	Home	Maryland	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Peter F. KKKKK	Gray	Ella Rickards	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17.	INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service)	no # J	ohn T. Dukes Chincoteagu	ue, Va.
18. CAUSE OF DEATH [Enter only one cause per lin	e for (a), (b), and (c).]	0 7 (:	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: JMMEDIATE CAUSE (a)	Cerebe	al. Thrombiais	2 dan
1. T. T N X			/-
Conditions, If any, which (b)	Uremi	la	Jeres
gave rise to immediate	Gante	+	11.96
cause (a), stating the underlying cause last.	Gange	ent loss	400103,
	ING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T1(a) 19. WAS AUTDPSY PERFORMED?
Ica			YES NO
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUT 20a. ACCIDENT WAS UNDERLYING 20b. DE DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. While at work	SCRIBE HOW INJURY OCCU	URRED. (Enter nature of Injury In Part I or Part II of Ito	em 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJ	JURY OCCURRED 20e, PLA	ACE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
Hour a.m. While p.m. 19 at work	- Not while -	ory, street, office bldg., etc.)	
p.m. 19 at work 21. I certify that (I) (this hospital) attended		Jan 2, 19 66 to 1-28,	1966 that (I) (we) last
saw the deceased alive on 1-2		t death occurred atM, from the causes and	on the date stated above.
22a. SIGNATURE	2		2b. DATE SIGNED
(1)	U M.I		1-24-66
22c. PHYSICIAN'S NAME (Type)	PAFA T	22d. ADDRESS Snow ttell	ms
23a. BURIAL, CREMATION, 23b., DATE THEREDF REMOVAL (Specify) 2/1/66	23c. NAME OF CEMETER		or county) (State)
REMOVAL (Specify) 2/1/66	Odd Fellow	Bishopville,	77.3
CAN FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR 25b. REGIS	STRARE SIGNATURE
Wer It hales Seller	welle de	DATTER A 1000 COLLEGE	.1. 0

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1	0.20		4 4 4
	1. PLACE OF DEATH a. COUNTY WOY CR S FOR	2. USUAL RESIDENCE (Where deceased lived, If institution: R a. STATE b. COUNTY	
	b. CITY OR TOWN (If outside corporate limits, write/RQRAL and give nearest/town) MARYLAND C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	Pocomoke	Pocomoke	23-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	3. NAME OF Sirst Middle	708 WXTOIG	YES NO
	(Type or print) Parker	Evans of Death Jan.	3 19 66
1	AA - A COMA		Days Hours Min.
	103. USUAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OR	TUI. 10,10 13 90 yrs.	TIZEN OF WHAT
	during most of working life, even if retired) INDUSTRY		UNTRY?
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U. 3.171
	Unknown	Unknown	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT	.1/1/
	Unknown	MILLOUR Evans lempera	nce VIIR Va.
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
1	1433 IMMEDIATE CAUSE (a) CARDIAC AL	KE ST	
	Conditions, If any, which) DUE TO (b) GEN. ART. So	CLERUSIS	10VPS.
	gave rise to Immediate cause (a), stating the DUE TO		
1	Underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED.	TED TO THE TEDMINAL DIOCAGE COMPLETION OF THE PROTECTION	I D WAS AUTOROV
	No N E.	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
		RRED. (Enter nature of injury in Part I or Part II of Item 18.	
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC Hour a.m. While not While p.m. 19 at work at work	y, street, office bldg., etc.)	
	21. I certify that (I) (this hospital) attended the deceased from		s, that (I) (we) last
	saw the deceased alive on 1/5/1966, and that	death occurred at 7 M, from the causes and on the	ne date stated above.
	Merrille A. Baron M.D.	ATTENDING MED. STAFF	111
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	166
	NEVILLE A. BARON	LOCOMOKE, MD	
	23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
	24. FUNERAL DIRECTOR APPRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	SIGNATURE
4	Sumuel Low Chin	Th. Va. DATEB 7 1966 Meliarles	Judge
- !			/ - /

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Besidence before admission) a. COUNTY a. STATE b. COUNTY after by the faces 1 ars after ces MARYI AND CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) bon papers. Pag within 72 hours hours omake om filled in 0 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADORESS e. IS RESIDENCE DN A FARM? YES T ND X completely i executed within 3. NAME DE First Middle OATE Month Oav Year DECEASED (Type or print) DEATH 66 19 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIEO 8. 9. and c last birthday) Months remale WIDOWED OIVORCEO [1Da. USUAL OCCUPATION (Give kind of work done | 7 12. CITIZEN OF WHAT physician in please r 10b. KIND OF BUSINESS OR 11. BIETHPLACE (County & State, or foreign country) certificate be during most of working life, even if retired) INDUSTRY and COUNTRY 13. FATHER'S NAME Then removal, MOTHER'S MAIOEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT has been signed by the attent as the burial-transit permit. death (Yes, no. of unkown) (If yes give war or dates of service) CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ATTENDING PHYSICIAN: The law requires that the ONSET AND OEATH PART I. OEATH WAS CAUSED BY: or attending physician. AGUTE OFFER CATION IMMEDIATE CAUSE (a) OUE TO -TRACHIAL BlockAGE Conditions, If any, which -3 HRS. gave rise to immediate OUE TO cause (a), stating the underlying cause last. CERTIFICATION r this certificate hadetached for use a te Dept. of Health p PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? NO E 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) YES the hospital 2Db. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (Clty or town) (County) (State) DIRECTOR: After thage 3 should be det factory, street, office bldg., etc.) Hour a.m. Not While 19 at work at work p.m. retained 21. I certify that (I) (this hospital) attended the deceased from to. (6, and that death occurred at 2 saw the deceased alive on A.M. from the causes and on the date stated above. 22a. SIGNATURE OATE SIGNEO 22b. pe page : ATTENOING PHYS. STAFF M.O. OIR ECTOR PHYS Page 4 may O FUNERAL director, page should be fill 22c. PHYSICIANS 22d. AOORESS NAME (Type) 23a BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY EDCATION (City, town or county) 23c. 23d. (State) 20 REMOVAL (Specify) 0 mo FUNERAL DIRECTOR 25b REGISTRARIS SIGNA **ADORESS** REC'O BY REGISTRAR I 25a. 1966 AI5 (4) 1/65

and a second of the second of Hanzy Halden & Director of District As not he All assessments of the second ALLTE SUTTERSELTERS. 24 N ... - L LARGERT STRAFFIRM ESTOCKARS Marille a Person of the Commercial of Marille NEVIlle A BAREN (Peccante, mo: FOR STATE
HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

> VR A15ME 3500 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

1580 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

37	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission of the control of the c	on)
		a. COUNTY A COUNTY A COUNTY A COUNTY A COUNTY A COUNTY A COUNTY	200
		NOTCESICI MARYLANO / UIVIANA VVOICESIE	
	-	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	/n)
	(ocean City Is vears Ocean City 23-1	
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDEN	
5		Em Street Em Street YES NO	end.
	3.	NAME OF DECEASED OF TOTAL Month Oay Year	
		(Type or print)	2
9	5.	SEX 6. COLOR OR RAICE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24H last birthday) Months Days Hours Mil	
	1	IUIE VV WIOOWED OIVORCEO DCP. 2, 1901 38 yrs.	Λ.
	10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
)	-0	Toliceman Law Enforcement Whaleyville U.S.A.	1_
	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
		Alec Jones I La Downes	
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT s, no, or unknown) (If yes give war or dates of service)	1.
		No 221-09-2822 Mrs. Ralph Jones ()cean Ci	Y
M		18. CAUSE OF OEATH [Enter only one cause per line for (a) (b), and (c).]	
		PART I. OEATH WAS CAUSED BY: CORONARY OCCUSION ONSET AND DEATH	1
9		Conditions, If any, which	
		gave rise to immediate (
		cause (a), stating the DUE TO	
	-	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPS	
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?	
5	ICA	Trevious Heart Condition YES NO	KI
0	TIF	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
-	CER	PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	
	CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)	7
	MEDICAL	Hour e.m. p.m. While Not While at work at work	
	Σ	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opini	ion
		death resulted from: Natural causes X. Accident Suicide Homicide Undetermined manner	
		CHIEF MEDICAL EXAMINER	4
		ACTUAL ACTUAL ACCIONANT MEDICAL EVAMINED 22. DATE SIGNE	ED
		SIGNATURE M.O. ASSISTANT MEDICAL EXAMINER ACTING	
9		EXAMINER'S CITTORD E. Schott, V. D. Address (street, city, town, or county) Worcester	-
4	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) , (State)	=
0		REMOVAL (Specify) 1-1/-1/ Dale Cometery Wholeyville Md.	
The	24	FUNERAL OIRECTOR ADDRESS / 25a. REC'O BY REGISTRAR'S SIGNATURE	
3	-	Tolar O Busher Boil Milter a social Milander Judge	
		1900 f	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution; Rasidence before admission . COUNTY 1, 2, and 3 to the funeral director. Page ge 5 may be retained for your files. and 2 with the State Department of within 72 hours after death. b. COUNTY MARYLAND CITY OR TOW Mulif outside corporete limits E. LENGTH OF STAY IN 16 c. PTTY OR TOWN (If outside Corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO NO 3. NAME OF Middle 4. DATE Day DECEASED OF (Typa or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX DATE OF BIRTH 8. AGE (In years | IF UNDER 1 YEAR. IF UNDER 24 HRS. bjohday) Months Davs Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kild of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? please execute the certificate, writing the word "pending" in pencil in Iem 18. Give pages 1, 2 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and Health or its designated agent, prior to burial, cremation, or removal. and in any event will done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO. (Yes, go, or unkown) | (If yes give war or dates of service) MEDICAL EXAMINER: This certificate should be executed 18. CAUSE OF DEATH [Enter only one sause per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to Immadiata cause DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION 19. WAS AUTOPSY PERFORMED? NO I 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) factory, street, office bldg., atc.) While Hour a.m. Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 220 BURIAL, CREMATION. DATE THEREOF LOCATION (City, Jown, or equnty) (State) REMOVAL (Specify FUNERAL DIRECTOR 24b. REGISTRAR'S SI VR A15ME 5M 1/63

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Their please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death: TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

		N OF STATISTIC		YLAND STATE ARCH AND REC	ORDS	301 W. PRE	STON ST		BALTIMOR	E 1, MAR	YLAND	
	01582			CERTIFIC	JAIL	OF DEA	AIH			01	528	
1.	PLACE OF DEATH	1				2. USUAL RES	IDENCE (Wh	ere decease	d lived, If instit		ce before ada	mission)
		rcester		MARYL	AND	a. STATE	Maryl	and	b. COUNTY	Wor	ceste	r
	b. CITY OR TOW	N (if outside corporat	e limits,	c. LENGTH OF STAY		c. CITY OR TOW			te Ilmits, write	RURAL and	Ive nearest	town)
P	write RURAL	and give nearest tow	n)	18 month	s	275	Pocom	oke	City		72	1
_				ospital, give street ad		d. STREET ADDI					e. IS RESI	DENCE
		th Street				1	1	2th	Street	;	ON A FA	ARM?
3.	NAME OF DECEASED	FI	st	Middle		Last		DATE	Month	Da	y Year	r
	(Type or print)	BILI	Y	JOE	LEW	IS			anuary	3	196	6
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	0 8	. DATE OF BIRT	Н	9. AG	E (In years IF st birthday) M			
M	ale	White	WIDOWED	DIVORCED		Dec. 10.	,1928	3	7 vrs.	onths Days	Hours	Min.
Da	. USUAL OCCUPAT Ing most of work Salesma	ION (Give kind of work ing life, even if retire	ione 10b. K	IND OF BUSINESS OR NDUSTRY to Parts		ACCOM	CE (County &	State, or t	oreign country)	12. CITIZEI	RY?	
	FATHER'S NAM		Au	to rarts		Virgi	MAIDEN NA	ME		U.S	. A.	
		h C. Lewi	S			Ada B						
		EVER IN U.S. ARMED FO		SOCIAL SECURITY NO.	1 17	INFORMANT	011110 V		Address			
		(If yes give war or dates o	service)		Mr		m ()	Lord		000150	N/A	
-		DEATH FE A		5-30-3735	1	2 LITITA	ш О.	TeMT	S, FUC	omoke	, Md .	
		ATH WAS CAUSED BY IMMEDIATE CAUSE		Respection	·1	Folie	re				ISET AND D	
	Conditions, If		TO (b)	dreum	-22	of hung	Prince	in 6	in Post		1 yea	~
	gave rise to cause (a), st underlying caus	tating the DUE	TO (c)	2		6		The	desser	m		
ATION	PART II. OTHER S	SIGNIFICANT CONDITION		UTING TO DEATH BUT NO	OT RELA	TED TO THE TERM	INAL DISEAS	ECONDITI	ON GIVEN IN PA		PERFORM	
CERTIFIC	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING AND CAUSE OF DEA	20b. (ER)	DESCRIBE HOW INJUR	Y OCCU	RRED. (Enter nat	ure of Injury	/ In Part I	or Part II of I			
MEDICAL	20c. TIME OF Hour a.r		Year 20d. I While at wor	Not While		CE OF INJURY (Ho y, street, office bl		20f. (Cit	y or town)	(County)	(St	tate)
		3/1	ital) attend	ed the deceased fro		death occurred	1965	, to	3 Jan	1966	that (I) (w	e) last
	saw the del	ceased alive on	is	19 19 , ar		ATTENDING -	MED.		STAFF PHYS.	22b. DATE S	IGNED	above.
	22c. PHYSICH NAME (T)	(N'S N.E. sart	orius,	Jr., M.D.	M.D.	22d. ADDRE	SS		Pocomok	e City	. Md	
23a	BURIAL, CREW	IATION, 23b. DATE	HEREOF	23c. NAME OF CE		XOR CHE BANATUREAC	23	d. LOCAT	ION (City, tow	n or county)	(Sta	ate)
0.4	Buria (Sm		.966	Belle Ha	aver	n Cemet		Bell	e Have	n, V	irgi	nia

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1966

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7	1.	PLACE DF DEATH				nstitution: Residence before admission
		a. county Worcester	MARYLAND	a. STATE	laware b. cou	Sussex
-		b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)		c. CITY OR TOWN (If outside corporate limits, v	write RURAL and give nearest tow
		Bishop	5 Months	Selb	yville 4	6-3
-		d. NAME OF HOSPITAL OR INSTITUTION (if no	ot in hospital, give street address)	d. STREET ADDRES	S	e. IS RESIDEN
0		xx				YES NO
		NAME DF First DECEASED FIRST	Middle	Last	4. DATE Mor	10
-	5.	(Type or print) SEX 6. COLOR OR RACE 7 MAY		AGEE 8. DATE OF BIRTH	19. AGE (In year:	
ı	9	7. 1100	WEAEN MAKKIED		last birthday	
-			10b. KIND OF BUSINESS OR	Oct. 29.	1876 89 yrs. County & State, or Toreign count	bry) 12. CITIZEN OF WHAT
	durl	ng most of working life, even if retired)	INDUSTRY	Dolema		COUNTRY?
-	13.	HOUSEWIFE FATHER'S NAME	Own Home	Delawa 14. MOTHER'S MA	TOEN NAME	
		Peter Bunting		Laura :	Hudson	
		WAS DECEASED EVER IN U.S. ARMED FORCES? , no, or unknown) (If yes give war or dates of service)		INFORMANT	nbbA	ress
	(10	XX	222-14-282 LB M	rs. John	Murray Selby	ville, Del.
	1	18. CAUSE DF DEATH [Enter only one cause	per line for (a), (b), and (c).]			INTERVAL BETWEE
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	your.	myo	ebreld	1.10
		431X DUE TO	A ani Dit	10		
1		conditions, if any, which gave rise to immediate (b)	v.enu	7		
1		cause (a), stating the underlying cause last.				
	NO	PART II. OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINA	L DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPS
	ICAT					YES NO
)	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING COLOURS OF DEATH	20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature	of Injury in Part I or Part II	of Item 18.)
1		OR CONTRIBUTING C CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				(0)-1-1
1	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m.	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, ory, street, office bldg.	, farm, 20f. (City or town)	(County) (State)
	MEL	p.m. 19	at work at work	0/10//	5 1/6	15
		21. I certify that (I) (this hospital) a	tended the deceased from	14-110	19 2 to/	that (I) (we) I
ı		saw the deceased alive on	and the	at death occurred a	M, from the cause	es and on the date stated about 22b. DATE SIGNED
		Clefford	Ex Chot	D. PHYS.	MED. STAFF PHYS.	
,		22c. PHYSICIAN'S	15 6 11	22d_ADDRESS	Oliver E Triber	3
9		NAME (Type)	op. Jehorin	10 10121	CKIN, M.	
	23a	BURIAL, CREMATION, 23b. DATE THEREC	OF 23c. NAME OF CEMETER	RY OR CREMATORY	23d. LOCATION (City,	town or county) (State)
		Burial 1/9,666	Red Me	n 1252 1	Selbyvill REC'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE
	24	FUNERAL DIRECTOR:	AODRESS A	7. 11 11	N 1 0 1966 &	Clienta Judes
- 1		1-1200 11 racing	V MINNELL	DATE! DATE	14 TO 12001 1	They made

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IO MOSTINAL OR ALIENDING PRISICIAN: The taw requires that the death certificate be executed within 24 habis after death.		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral	Y	I	-
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2	Page 4 may be retained by the haspital ar attending physician.	H	D	2	
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VR A15 (4) 20 M 1/66

01304	4		CERTIFIC	AIF	OF DEATH				()1	530
1. PLACE OF DEATH OCOUNTY Worcest er			MARYLAI	ND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmis o. STATE Maryland Worcester					
b. CITY OR TOWN write RURAL of Snow T	c. LENGTH OF STAY IN 1	lb	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Snow Hill 23 -					wn)		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)					d. STREET ADDRESS 519 S. Church St.				10	RESIDENCE N A FARM? NO
3. NAME OF First DECEASED (Type or print) Alfred			Middle G.		lost llister	4. DATE OF DEATH	Janu	ary	Doy 28	
s. sex Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	DIVORCED		uly 6, 18	375	AGE (In yeors last birthday) 90 yrs.	Months	Doys Ho	JNDER 24 HRS ours Min.
during most of working	ON (Give kind of work don ng lite, even if retired) CMEP	e 10b. K	ind of Business or IDUSTRY ACK Flarm		11. BIRTHPLACE (County Somerset 14. MOTHER'S MAIDEN	Co.,		COLL	IZEN OF WH	AT
Josep	oh F. McAl	2 14		17. IN	Julia F		11 Addre	ess		
(Yes, no, or unknown NO	(If yes give wor or dotes	of service)	None		hel M. Pe				INTERVA	AL BETWEEN
PART I. DI 42 Conditions, if or	EATH WAS CAUSED BY: 1MMEDIATE CAUS DU ny, which gove	E (o) E TO (b)	Co, co, con co,	A	terioscle	ardia crothi	l Inf	arch	n ONSET	AND DEATH
lost.				Des euse O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)						SAUTOPSY
CATION										FORMED?
OR CONTRIBUTION (IF EITHER, NOTI	WAS UNDERLYING □ NG □ CAUSE OF DEATH IFY MEDICAL EXAMINER)		ESCRIBE HOW INJURY OCCU							
Hour Hour	p.m. 19	While of wor	Not While of work	foctor	OF INJURY (Home, form y, street, office bldg., etc.)		(City or town)	(Cou		(Stote)
21. I cer saw the 220. SIGNATUR	deceased alive an_	ispital) atten	ded the deceased from 19 6 an	d that	death accurred at	M,	fram causes	and an th	ne date st	tated abay
22c. PHYSICIAI NAME (Ty		AVID	RAFA	M.D.	PHYS. 22d. ADDRESS	Snor	J PHYS. L	n	-	19-66
230. BURIAL, CREMA REMOVAL (Spee		HEREOF 1-66	23c. NAME OF CEMETERY OR CREMATORY Bates Methodist				23d. LOCATION (City or Town) (County) (Stote) Snow Hill, Maryland			
24. SUNERAL DIREC	TOR	Gne	ADDRESS	[0.2027	250. REC'I	BY REGISTRAL	25h RE	GISTRAR'S SI	GNATURE	

nselu-LEADER OF CO. LAND THE STREET, MANAGEMENT TK - ATT - I E E E - ATT MANY I THE ACT OF STATE OF S

VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTA DREGSTOR c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

> e. IS RESIDENCE ON A FARM? NO X

> > Year

19

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

NO T

(State)

(State)

10 mis

YES [

(County)

22b. DATE SIGNED

REGISTRAR'S SIGNATURE

1-10-1966

YES

Day

12. CITIZEN OF WHAT

COUNTRY? S.A.

10

Month

Months I

- Many	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND								
FOR STATE	01586 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01532								
HEALTH DEPT.	PLACE OF DEATH								
~= 0 + ·	Wor cester Maryland Worcester								
ssan nera men men	b. CITY OR TDWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL end give nearest town)								
is necessary, o the funeral e 5 may be Department after death.	Rural, Snow Hill d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS le. IS RESIDENCE								
is to the total safe safe	ON A FARM?								
delay is nd 3 to Page State hours	3. NAME DF First Middle Last 14. DATE Month Day Yeer								
M3 M3 72	DECEASED OF MORE								
iges 1, 2 form P vithin within	5. SEX 6. COLOR OR RACE 7. MARRIED Nock DEATH January 30 19 66 Nock Sex Sex								
death. If a e Pages 1, vith form and 2 with went within	Male White WIDOWED DIVORCED Sept. 15.1906 59 vrs.								
er dear live Pa with 1 and event	10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR line in the line in								
after des 8. Give Pa iong with ses 1 and any event	Farmer Truck Farm Snow Hill, Maryland USA								
270 00-	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME								
Item Office and ir	Gordon E. Nock Sarah Hatter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address								
(4EO	(Yes, no, or unkown) (If yes give war or dates of service)								
ed within 2 in pencil in xaminer's (it permit. or removal,	No 217360574 Ruth B. Nock, Snow Hill, Maryland 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]								
o ii xaire	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gaute Coronary Occlusion For								
should be executed word "pending" in Chief Medical Exan as a burial-transit I	4201 DUE TO - 0.0-								
be e bend ledic rrial- rmat	Conditions, if any, which gave rise to immediate (b) Corlie Steriosis to the steriosis								
d "r	cause (e), stating the DUE TO Rhouse and Life Ground To								
ficate should be the word "pen of the Chief Medi of the Chief wedi on used as a burial to burial, crema	Underlying cause last. (c) NEUMANE WELL TO FEASE () PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY								
certificate s riting the w ded to the (Id be used a prior to bur	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED? YES NO PERFORMED? YES NO PRIMARY OF CONTRIBUTING CAUSE OF DEATH.								
生 8 年	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.								
this cer forwarded forwarded s should k igent, prid									
EXAMINER: This certificate, wo tould be forwar les. R: Page 3 shou ignated agent,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 4 4 4 4 4 4 4 4 4								
be be									
cal Examine the certificate should be in files. CTOR: Page designated	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinio								
9	death resulted from: Natural causes Accident, Suicide, Homicide, Undetermined manner								
debical EX cute the c age 4 shour r your files DIRECTOR:	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER (22. DATE SIGNED								
	EXAMINER'S DAVID DATOT DEPUTY MEDICAL EXAMINER \$ 2-1-66								
DEPUTY please exdirector. retained if FUNERAl of Health	NAME (Type) Address (Street, city, town, or county)								
O DEPUTY MEDICAL please execute the director. Page 4 s retained for your f O FUNERAL DIRECT of Health or its de	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL (Specify) 2/3/66 Bowen Methodist Newark. Maryland								
	Burial 2/3/66 Bowen Methodist Newark, Maryland 24. FUNERAL DIRECTOR // ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE								
VR A15ME	Snow Hill, Maryland FEB 7 1966 Heliarles Judge								
3500 4-64	A hearing 1 de sous								

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SECTION OF THE REAL PROPERTY OF THE PROPERTY O And the state of t A Control of the Cont A THE ASSESSMENT OF THE

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINED: OFFICE OF THE CO. FOR STATE HEALTH DEPT. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE DF DEATH a. COUNTY e. STATE b. COUNTY MARYI AND lay is necessary, 13 to the funeral Page 5 may be Department after death. b. CUT OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CATY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) State hours NO YES 00 DATE Month Day Middle 4. 3. NAME OF First Last the 72 DECEASED DEATH (Type or print) within within AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 9. 5. SEX 6. COLOR OR RACE 8. 7. MARRIED NEVER MARRIED DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If lease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, irector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form Jast birthday) Months | Days Hours WIDOWED DIVORCED and 12. CITIZEN OF WHAT BIRTHPLACE (State or foreign country) 1Da. USUAL OCCUPATION (Give kind of work done | 1Db. KIND OF BUSINESS OR CQUNTRY? during mest of working life, even if retired) INDUSTRY 13. FATHER'S NAME Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) permit. INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per Une for (a), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit per cremation, or r IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating CO underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. CERTIFICATION PERFORMED? YES NOX us to DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 2Da. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING Pin CAUSE OF DEATH. 3 shou (State) MEDICAL 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While at work ___ at work CTOR: Page designated 21. I certify that I took charge of the remains described above, held an Autoosv Inspection and in my ppinion FUNERAL DIRECTOR: F Health or its design Undetermined manner Homicide Accident Suicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER for your Page ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER please ex director. retained f **EXAMINER'S** NAME (Type) 23d. LOCATION (City, town or county) (State) 23b. 23c NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. THEREO REMOVAL (Specify) MARSONSBURG RSD NSBURG SURIA 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25b. FUNERAL DIRECTOR 24. VR A15ME 3500 4-64

HATTER STREET, THE RESERVE OF THE PROPERTY OF PECSAL PROPERTY OF A PROPERTY THE DEED STORE

_ 1	3,17,5		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR S	STATE /	7	01588 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH	DEPT.	1./	PLACE OF DEATH a. COUNTY ORCESTER MARYIAND 2. USUAL RESIDENCE (Where pieceased lived, If Institution: Residence before admission) b. COUNTY (2) OR (2) OR (3) OR (4) OR (5) OR (6) OR
elay is necessary, d 3 to the funeral Page 5 may be	Department after death.	16	CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
the the	Depa	-	d. NAME OF HOSPITAL OR INSTITUTION (If not In lospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
delay is and 3 to 3. Page	State hours		REYSER IT ROOM TOOK 50 N YES DENO !
any dela 2, and PM3. F	the 72	3.	NAME OF DECEASED (Type or print) Eda CRODORR PARSONS DEATH DAW 24 1966
th. If all your Prom P	2 with	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min.
er deat iive Pag with	「書」	,dμr	USUAL OCCUPATION (Give kind of work done industry ling most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 12. CITIZEN OF WHAT COUNTRY? 13. DERIN Md. COUNTRY?
n 18. C	pages 1 in any	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME MINITER MICHELLI 14. MOTHER'S MAIDEN NAME MICHELLI 15. MOTHER'S MAIDEN NAME MICHELLI 16. MOTHER'S MAIDEN NAME MICHELLI 17. MOTHER'S MAIDEN NAME MICHELLI 18. MOTHER'S MAIDEN NAME MICHELLI 19. MOTHER'S MAIDEN NAME MICHELLI MICHELLI
is certificate should be executed within 24 hours after death. If writing the word "pending" in pencil in Item 18. Give Pages 1, arded to the Chief Medical Examiner's Office along with form	File		WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. NO. OF UNKNOWN) (If yes give war or dates of service) 18. 34. 95.45 MRS (Melvin Office) (SISKE) OCEAN CULL ME
d withi n pencil aminer	t permit. r removal,		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1, PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
ecute ng", in	burial-transit cremation, or		8 2 5. 4 DUE TO
be ex pendi	burial-tran crematlon,		Conditions, If any, which (b) (b)
ould "	al, cre		cause (a), stating the DUE TO underlying cause last. (c)
cate sh the wo	used as a to burial,	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
certifi riting rded to	3 should be agent, prior t	CERTIFICATION	2Da. EXTERNAL CAUSE WAS PRIMARY FOOT CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
R: Th ate, forw	3 sho	MEDICAL	2Dc. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) A Def. (City or town) (County) (State) A Description of the place of injury (Home, farm, factory, street, office bidg., etc.) A Description of the place of injury (Home, farm, factory, street, office bidg., etc.)
AMINE ertific ld be	R: Page ignated	Σ	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection Inquiry, and in my opinion
	CTOR: design		death resulted from: Natural causes , Accident Suicide , Homicide , Undetermined manner
execute the Page 4	JOHN JOHN JOHN JOHN JOHN JOHN JOHN JOHN		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER () 22. DATE SIGNED
exec	FUNERAL DIRECTOR: Health or its design		EXAMINER'S FOOWNSEND TRANSPORTED Address is treet all town, or duffly Md. 1466.
O DEPUTY MEDICAL please execute the director. Page 4 Si		238	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
D ap	200	24	30 MAL 120 66 EVERGEEN DERCINO
VR /	A15ME		Anna A. Burbage Bulin My DATE FEB 1 1966 formers July

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国际企业协定公司	
	AND THE RESERVE OF THE PARTY OF

1	1	1	1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ARYLAND
FOR S	TATE			MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01535
HEALTH	DEPT	1	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: F a. STATE b. COUNTY	tesidence before admission)
~= e	=2	1		WORCESTER MARYLAND	WOR
ssary unera ay b	tmen		1	CITY OR TOWN (if outside corporate limits, write RURAL write RURAL and give nearest town)	and give nearest town)
he fi	Department after death	-	V	d MAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREAT ADDRESS	e. IS RESIDENCE
lay is necessary, 13 to the funeral Page 5 may be	rs af	10		R2	ON A FARM?
and 3	State hours	-	3.	NAME OF Last 4. DATE Month OF OF OF OR A COLUMN AND A COL	Day Year
ENI	h the			(Type or print) TUCRES 1 4KB TUCKET DEATH TO ASSET WAS ASSETT WAS ASSET WAS ASSET WAS ASSET WAS ASSET WAS ASSET WAS ASSETT WAS ASSET WAS ASSETT WAS ASSET WAS ASSETT WAS ASSET W	1966
h. If es 1	event Within	,	5.	last birthday) Months	Days Hours Min.
deat Pag ith f	and 2	1	10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. C	ITIZEN OF WHAT
fter Give	1 a			NONE NONE SATISDURY, Old	CLSH
hours after death. If a tem 18. Give Pages 1, 3 ice along with form F	pages 1 in any		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME	1011
t hou	File pand		15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SEQURITY NO. 17. INFORMAND Address	ey
R: This certificate should be executed within 24 hou rate, writing the word "pending" in pencil in Item forwarded to the Chief Medical Examiner's Office			(Yes	ng or unkown) (If yes give war or dates of service) Nene EUPORNES (Mother) R2	BERLIN, Nd.
with penc	permit. removal		1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
uted " in Exar	or			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) // COMPING 1/1 / MATTER STATE / COMPING 1/1 /	
exec ding lical	al-tra			Conditions, If any, which \ Pneumonia, bronchial	unknown
"per Med	burial-tran cremation,	T		cause (a), stating the DUE TO	
houl ord Shief	40			underlying cause last. (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
ate s he w the (used as to burial,	2		Nausea & vomiting for 2 days during week preceding death.	PERFORMED?
rtific Pg th	ld be us prior to	0	CERTIFICATI	20a. EXTERN. CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 11	La trans
is ce writi ardec	ould t, pri			PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	(0)-1-1
te, ate, forw	3 should		DICAL	Hour a.m. While - Not While - factory, street, office bidg., etc.)	ounty) (State)
be in	age		MEDI	p.m. 19 at work	, and in my opinion
EXAMI e cert	ECTOR: Page designated			death resulted from: Natural causes X , Accident , Suicide , Homicide , Undetermined manner	
CAL the	DIRECTO r its des			CHIEF MEDICAL EXAMINER	22. DATE SIGNED
execute Page	L DIRE			ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	28 66
DEPUTY MEDICAL lease execute th rector. Page 4 s	45.5	2		EXAMINER'S TO WAS END, IR CABLESS (Street cliftowg, ox porny)	V 701
o DEPUT please director	D FUNER of Healt		23a.	PURIAL, CREMATION, 23b. DATE THEREOF 23c., NAME OF CEMETERY OR CREMATORY 29c. LOCATION (City, town or common of the common of th	ounty) (State)
5 200	20	9	24.	Aurial 2-2-66 Ward town Cerri Focomore	R'S SIGNATURE
	A15ME	W.		Jan 100) for the New Church Vo DATE & 7 1966 Miller	y Juoge
3500	0 4-64			164138	9

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	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTIC	AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLANI
0.4 = 0.4	OFFICIOATE OF DEATH	. A C.

1	01597 Item #ld Film	FIGALE OF DEA	IH	01537
	1. PLACE OF DEATH a. COUNTY			institution: Residence before admission)
	141	RYLAND A. STATE	VIAND 1	MARCESTER
-	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF ST			write RURAL and give nearest town)
	write RURAL and give nearest town)	B	BRLIN	2 = -1
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street	t address) d. STREET ADDRE		e. IS RESIDENCE
	R.F.D. #3	RFD		DN A FARM?
=	3. NAME OF First Middle	Last		onth Day Year
	(Type or print) (14 A R L 1 F F M	VAINRIGHT	OF DEATH	AN. 31 1966
V	5. SEX 6. COLDR DR RACE 7. MARRIED NEVER MARR	- LO DATE OF DIDTIL		TS IF UNDER 1 YEAR IF UNDER 24 HRS.
) M WIDDWED I DIVORG	CEDIT SEPT. 7	1901 by vrs	mondio Days mond
1	10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS	DR 11. BIRTHPLACE	(County & State, or foreign coun	ntry) 12. CITIZEN OF WHAT
1	during most of working life, even if retired) SELF-E	MA BIFA	LIN MO	CDUNTRY?
-	13. FATHER'S NAME	14. MDTHER'S N	IAIDEN NAME	7,0
Т	GEORGE TI WAINDIGH	TADD	MITCHE	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY	1 1 1 - 0	. , ,	iress PED
ľ	(Yes, no, or unknown) (If yes give war or dates of service)	35 Mes. C.F.	WAINRIGHT	T BIFRLIN NIE
-	1 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and	1 (c).]		INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY:	moring of	truis.	DNSET AND DEATH
	1539 MMEDIATE CAUSE (a)		^	4
	Conditions, If any, which)	20 /00/	Dritest	eno
	gave rise to immediate			
1	cause (a), stating the underlying cause last.			
13	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTDPSY PERFORMED?
13	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW IN DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			YES NO
	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	JURY OCCURRED. (Enter natur	e of injury in Part I or Part	il of Item 18.)
	G (IF EITHER, NOTIFY MEDICAL EXAMINER)			
1	3 20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED	2De. PLACE DF INJURY (Hom	e, farm, 20f. (City or town) (County) (State)
	20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED Hour a.m. p.m. 19 While at work at work	factory, street, office bld	g., etc.)	A-
1	21. I certify that (I) (this hospital) attended the deceased	from 2 -1 - 45	, 19 p, to 1 - 3	19 66 that (I) (we) last
	saw the deceased alive on 1 - 2 6 19 6 6	and that death occurred		es and on the date stated above.
	22a. SIGNATURE			22b. DATE SIGNED
	Cleffond & Dehi	M.D. ATTENDING	MED. STAFF DIRECTOR PHYS.	
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	S ACT OF	
	CLIFFORD E. JCH	1011 NO BE	16-114, 576	1,
1	23a. BURIAL CREMATION, 23b. DATE THEREDF 23c. NAME DF	CEMETERY OR OREMATORY	23d. LOCATION (CIT)	, town or county) (State)
	13 URIAL 213 66 1RIVE	RSIDE	BERLI	IN MO
1	24. FUNERAL DIRECTOR ADDRESS	1 -11. 11	REC'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE
3	Huma H, Durage Del	LLW KA DATE	FEB 7 1966	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. THE PERSON NAMED IN The second to be the parties of the second and the second of the second

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01592			CERTIF	IC/	ATE OF D	EATH	1		Reg. [Dist. No	15	38
Worcest	er		MARYL	AND	2. USUAL RESIDE	land	ere deceased	b. COUNT		ence before		sion)
RURAL ond give_n	(If outside corporate limited rest town).	2	c. LENGTH OF STAY IN	41 b	c. CITY OR T	OWN (If a	utside corpoi	ote limits, write	RURAL one			n)
d. NAME OF HOSPI	TAL (If not in hospitol, or Restorium	ive street			d. STREET A	DDRESS					ON A	SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	Eugene	-	Brown	We	bster	1	4. DATE OF DEATH	Mo J	nth an	1		Yeor 1966
5. SEX	6. COLOR OR RACE	7. MARR	ED DIVORCED	-	B. DATE OF BIRTH			9. AGE (In years lost birthday)	Months .		Hours	ER 24 HRS. Min.
10a. USUAL OCCUPATION during most of work	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR Merchant	INDU		ryla		euntry)	12. C		USA	COUNTR
13. FATHER'S NAME Zack		Webs	ster		14. MOTHER'S	MAIDEN N	Jane	Gibs	on			
15. WAS DECEASED EVE (Yes. no. or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	envire)	social security no. Jnknown		Louise	Andr	ews	Deal	Isla	nd.	Mary	rland
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	1	of for (o), (b), and (c).]	R	4 De	els	sur	5		INT	ERVAL BE	DEATH
Conditions, if a	immediate (10	towel	n	on Lev	ere c	frers	lized	j.		yes	n
couse (a), stoting lying couse lost.	the <u>under-</u>	, a	CONTRIBUTING TO DEAT	H BUT	NOT RELATED TO	THETERMI	NAL DISEASE	CONDITION GI	VEN IN PA	ART 1(0)	19. WAS	AUTOPSY ORMED?
PARTIFOTION 20g. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUITED HOUR O. 51. P. m.	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter noture of	f injury in I	Port I or Port	II of item 18.)				NO 📆
20c. TIME OF INJUI Hour o. js. p. m.	RY Month, Day, Ye	While	NJURY OCCURRED 2 Not while	Oe. PL	ACE OF INJURY (I ctory, street, office	Home, form bldg., etc.	, 20f. (City	or town)		(County)		(State)
21. I certify the alive on	hat I attended the	deceas , 196	The same of the sa	1	accurred at.		ADDRESS (St	the causes	and an	the da 1-13	ite state	ATE SIGNI
PHYSICIAN'S NAME (Type)	N.E.Sartor		Jr., M.D.			Marke	t St.,	Pocomo	ke Ci	ty,	Md.	2185
220. BURIAL, CREMATIC REMODAL (Specify	1 1-15-6		St John	S (crematory Cemeter		Deal	Islar	nd		(Stat	e)
23. FUNERAL DIRECTOR		Pri	ncess Ann	e N	MD.		1 0 40	RAR 24b. REG	ISTRAR'S S		RE	

MARYLAND STATE DEPARTMENT OF HEALTH_RALTIMODE 18

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url533st 80010 Maryland Warester Worzester All Life Snow Aill MY SNOW Hill 408 Dishter St. Henrie HA Adusta West 1 - 27 66 Female Negro > Mar H 1880 85 Ribal Solution Wordester U.S.A. Jarel Beyer Unknown Mr. Webel Chen 812 Knows St. Ball 0.28 THE STORY OF THE PROPERTY OF THE PARTY OF TH William State Walley Bural 2-1-66 Elbourger Milland Jacob Hill good Loute & Jolley Jornagel , Julis, ml

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